

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025524

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 314 Primary Registration District No. 6064 Registrar's No. 36

FILED JUN 24 1963

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>rural Osceola</u>		c. CITY OR TOWN <u>Bethel</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi. North of Osceola</u>		d. STREET ADDRESS (If outside, give location) <u>2220 N. 77th</u>	

3. NAME OF DECEASED (Type or print) First <u>J.</u> Middle <u>V.</u> Last <u>PLACE</u>			4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/1/1923</u>	9. AGE (last birthday) <u>39 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Freight lines</u>		11. BIRTHPLACE (City and state or country) <u>Kidder, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James V. Place</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel McCrary</u>	
14. NAME OF HUSBAND OR WIFE <u>Joyce Jane Place</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.II</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. J V Place</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Truck left road and overturned</u>	
20c. TIME OF INJURY Hour <u>1:00 A.M.</u> Month <u>5</u> Day <u>30</u> Year <u>63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 13, 3 MI-N</u>	
20f. CITY, TOWN, OR LOCATION <u>Osceola</u>		COUNTY <u>St. Clair</u>		STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>1:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>Garrett B. Braden</u>		(Degree or title) <u>Osceola Mo</u>		22b. ADDRESS <u>Daviess Co. Mo.</u>	
22c. DATE SIGNED <u>5-30-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5/30/63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>McCary Cemetery</u>		23d. LOCATION (City, town, or county) <u>Daviess Co. Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Goodrich Funeral Home, Osceola Mo.</u>		ADDRESS <u>6-10-63</u>		25. DATE RECD. BY LOCAL REG. <u>6-10-63</u>	
26. REGISTRAR'S SIGNATURE <u>Paul S. [illegible]</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59
1 09:30
2 8:50
3
4 0
5 1
6
7 0
8 2
9 X
10
11 093
12 91-3
13 10

25-18317-530

NOV 14 1968

where to check for

08.93
10.2.13

JUN 24 1968

STATEMENT BY LICENSED EMBALMER

08.93
10.2.13

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul Duestone

Licensed Embalmer No. 3990

P. O. Address Oswego mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.